Image# 15951420042 PAGE 1 / 44

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	Tor Other Than 2	All Authorized				Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typir the lines.	ig, type	12FE4M5	
American Academy o	f Family Physici	ans Political	Action Co	ommittee		
ADDRESS (number and street)	1133 Connecticut	Avenue, NW				
Check if different	Suite 1100					
than previously reported. (ACC)	Washington				DC	20036
2. FEC IDENTIFICATION N	UMBER ▼	CITY 🛦		5	STATE A	ZIP CODE ▲
C C00411553		3. IS THIS REPORT	\ <u>/</u>	IEW N) <b>OR</b>	AN (A)	ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	×	May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Bus on:	Mar 20 (M3)		lun 20 (M6)	Η.	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (	Q1)	Apr 20 (M4)	J	lul 20 (M7)	-	20 (M10) Jan 31 (YE)
July 15 Quarterly Report (	(c) 12-Day PRE-Ele		Primary (12P	-	General	
October 15 Quarterly Report (	Report f	or the:	Convention (	120)	Special (	125)
January 31 Year-End Report (		Election on	M = M /	D   D /	Y   Y   Y   Y	in the State of
July 31 Mid-Year Report (Non-electi Year Only) (MY)	on (d) 30-Day POST-E Report f		General (30G	i)	Runoff (3	0R) Special (30S)
Termination Repor (TER)	t	Election on	M = M /	D   D /	Y	in the State of
5. Covering Period	4 01 Y	2015	through	M M 04	30 /	2015
I certify that I have examined t	•	-	wledge and b	pelief it is tru	e, correct and	I complete.
Type or Print Name of Treasur	er Hugh M Taylor MD	)				
Signature of Treasurer Hug	h M Taylor MD		[Electronically	<i>Filed]</i> D	ate 05	20 / 2015
NOTE: Submission of false, error	neous, or incomplete in	nformation may su	bject the pers	son signing th	is Report to th	ne penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3X Rev. 12/2004

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

#### American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 04 01 2015 To: 04 30 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1,  2015		439447.27
	(b) Cash on Hand at Beginning of Reporting Period	404073.74	
	(c) Total Receipts (from Line 19)	54593.42	177398.56
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	458667.16	616845.83
7.	Total Disbursements (from Line 31)	26736.73	184915.40
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	431930.43	431930.43
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### American Academy of Family Physicians Political Action Committee

tributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	35919.15	
Than Political Committees	35919.15	
	35919.15	
(i) Itemized (use Schedule A)	35919.15	
	7 7	109733.54
(ii) Unitemized	17732.20	65273.11
Lines 11(a)(i) and (ii)	53651.35	175006.65
Political Party Committees	0.00	0.00
Other Political Committees	0.00	0.00
	0.00	0.00
•		
	52654.25	175006.65
	53051.35	173006.03
		0.00
y Committees	0.00	0.00
aama Daasiyad	0.00	0.00
Loans Received	7	0.00
B	0.00	0.00
· ·	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	942.07	2391.91
	7	2001.01
	0.00	0.00
	0.00	7
· ·	0.00	0.00
	0.00	0.00
	0.00	0.00
	7	0.00
Lovin Funds (from Schodula UE)	0.00	0.00
Leviii i ulius (liviii schedule ns)		0.00
Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Political Party Committees	Lines 11(a)(i) and (ii)

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
Operating Expenditures:  (a) Allocated Federal/Non-Federal	10101 11101 01100	Calcildai Teal-to-Date			
Activity (from Schedule H4)					
(i) Federal Share	0.00	0.00			
	0.00	0.00			
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00			
(b) Other Federal Operating  Expenditures	736.73	2500.40			
(c) Total Operating Expenditures	7				
(add 21(a)(i), (a)(ii), and (b))▶	736.73	2500.40			
Transfers to Affiliated/Other Party					
CommitteesContributions to	0.00	0.00			
Federal Candidates/Committees and Other Political Committees	26000.00	182000.00			
Independent Expenditures	0.00	0.00			
(use Schedule E) Coordinated Party Expenditures	0.00	0.00			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
, , , , , , , , , , , , , , , , , , , ,		7 7 7			
Loan Repayments Made	0.00	0.00			
Loans Made	0.00	0.00			
Refunds of Contributions To: (a) Individuals/Persons Other					
Than Political Committees	0.00	415.00			
(h) Political Party Committees	0.00	0.00			
(b) Political Party Committees(c) Other Political Committees	0.00	3.00			
(such as PACs)	0.00	0.00			
(d) Total Contribution Refunds					
(add Lines 28(a), (b), and (c))▶	0.00	415.00			
(200 2000 20(4), (4), 2002 (4),					
Other Disbursements	0.00	0.00			
Federal Election Activity (2 U.S.C. §431(20))					
(a) Allocated Federal Election Activity					
(from Schedule H6)					
(i) Federal Share	0.00	0.00			
(I) III I O	0.00	0.00			
(ii) "Levin" Share	0.00	0.00			
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00			
(c) Total Federal Election Activity (add					
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	26736.73	184915.40			
20, 21, 20, 20, 27, 20(4), 20 4114 00(0))	20730.73	104915.40			
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	26736.73	184915.40			

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	53651.35	175006.65
34. Total Contribution Refunds (from Line 28(d))	0.00	415.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	53651.35	174591.65
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	736.73	2500.40
7. Offsets to Operating Expenditures (from Line 15, page 3)	942.07	2391.91
8. Net Operating Expenditures (subtract Line 37 from Line 36)	-205.34	108.49

Use separate schedule(s) for each category of the

FOR	LINE	NU	MBER	:	PAGE	6	OF	44
(che	ck only	or	ne)					
×	11a		11b		11c	12	!	
	13		14		15	16	;	17

**Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Charles Peter Anderson MD Date of Receipt Mailing Address 125 W Sierra Cir 04 02 2015 City Zip Code State Transaction ID: C2972425 78666-2520 San Marcos TX Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Family Physician Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Justin V Bartos MD Date of Receipt Mailing Address 4300 City Point Dr 04 07 2015 City State Zip Code Transaction ID: C2981373 North Richland Hills TX 76180-8380 Amount of Each Receipt this Period FEC ID number of contributing 504.00 federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 504.00 Other (specify) Full Name (Last, First, Middle Initial) c. Claire Lawton Birdsong MD Date of Receipt Mailing Address 232 Newpark PI 04 24 2015 City Zip Code State Transaction ID: C2990713 SC Columbia 29212-8666 Amount of Each Receipt this Period FEC ID number of contributing 400.00 С federal political committee. Name of Employer Occupation Harbisin Family Practiice Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify)

1204.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

FOR LINE	NUMBER	: PAGE	= 7 OF	44
(check on	y one)			
<b>X</b> 11a	11b	11c	12	
13	14	15	16	17

**Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Reid B Blackwelder MD Date of Receipt Mailing Address 4407 Leedy Rd 04 2015 City Zip Code State Transaction ID: C2983629 TN Kingsport 37664-2117 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation **ETSU** Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Aaron B Brown Date of Receipt Mailing Address 730 N. College Rd. Suite A 660 Shoshone St E 20 04 2015 City State Zip Code Transaction ID: C2997100 ID Twin Falls 83301 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) c. Rhett Le Roy Brown MD Date of Receipt Mailing Address P.O. Box 32861 2015 04 07 City Zip Code State Transaction ID: C2981258 NC Charlotte 28232-2861 Amount of Each Receipt this Period FEC ID number of contributing 365.00 С federal political committee. Name of Employer Occupation Physician Novant Health Receipt For: Aggregate Year-to-Date ▼ Primary General

	F	7	-	-	-	-	-	-	-	ī
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	Г									٦
TOTAL This Period (last page this line number only)	L	_	7	_	7			ж.		

365.00

Other (specify)

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE	NUMBER	: PAG	E 8 OF	= 44
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<b>X</b> 11a	11b	11c	12	
13	14	15	16	17

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NAME OF COMMITTEE (In Full)

$ \rangle$	American Academy of Family P	Physicians Political Action Committ	ee
Δ.	Full Name (Last, First, Middle Initial) Jennifer L Brull MD		Date of Receipt
	Mailing Address PO Box 147 3000 US HWY 183		04 02 2015
	City	State Zip Code	Transaction ID : C2972423
	Plainville	KS 67663-0147	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	625.00
	Name of Employer	Occupation	
	Self-Employed	Family Physician	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	625.00	
— В.	Full Name (Last, First, Middle Initial)  John R Bucholtz DO		Date of Receipt
	Mailing Address 6378 Cape Cod Dr		M M / D D / Y Y Y Y
			04 07 2015
	City	State Zip Code	Transaction ID : C2981245
	Columbus	GA 31904-2916	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Columbus Regional Healthcare System	Occupation Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
<del>-</del> с.	Full Name (Last, First, Middle Initial) David Adam Carlyle MD		Date of Receipt
	Mailing Address PO BOX 3014 2309 Buchanan Dr		04 24 _ 2015 _
	City	State Zip Code	Transaction ID : C2990733
	Ames	IA 50010-3014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1250.00
	Name of Employer	Occupation	
	Family Medicine East	Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1250.00	
H	SUBTOTAL of Receipts This Page (optional)	only).	2125.00

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	13		14		15	16	6	17

NAME OF COMMITTEE (In Full)	ily Physicians Political Action Comm	
Full Name (Last, First, Middle Initial) Bert N Corley MD  Mailing Address 104 S Oak St		Date of Receipt
	7.0.4	04 13 2015
City Sallisaw	State Zip Code OK 74955-4624	Transaction ID : C2983530
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 365.00
Name of Employer	Occupation	
Self Employed Receipt For:	Family Physician	_
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  365.00	
Full Name (Last, First, Middle Initial) Baldemar Covarrubias MD		Date of Receipt
Mailing Address 5718 Spohn Dr		M M / D D / Y Y Y Y Y
City	State Zip Code	04 24 2015 Transaction ID : C2990704
Corpus Christi	TX 78414-4235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Self employed	Family Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)  Steven A Crawford MD		Date of Descipt
Mailing Address 900 NE 10th St		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Oklahoma City	State Zip Code OK 73104-5420	Transaction ID : C2990365  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.66
Name of Employer	Occupation	
University of Oklahoma	Family Physician	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify)	1666.64	
SUBTOTAL of Receipts This Page (option	nal)	1081.66
	·	
OTAL This Period (last page this line nu	mher only)	

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) X 11a 11b 11c

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) John S Cullen MD Date of Receipt Mailing Address PO Box 1829 04 2015 26 City Zip Code State Transaction ID: C2991154 Valdez ΑK 99686-1829 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Self employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. John D Davis MD Date of Receipt Mailing Address 171 Honey Creek Ranch Rd 04 02 2015 City State Zip Code Transaction ID: C2975196 TX Hunt 78024-3080 Amount of Each Receipt this Period FEC ID number of contributing 665.00 federal political committee. Name of Employer Occupation Self Employed Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 665.00 Other (specify) Full Name (Last, First, Middle Initial) Thomas M Dean MD Date of Receipt Mailing Address PO Box 335 2015 04 07 409 W. 10th Street City Zip Code State Transaction ID: C2981257 SD Wessington Springs 57382-0335 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Horizon Health Care Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2165.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FO	PAGE	_ 1	11	OF		44				
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>	<b>1</b> 1a		11b		11c		12			
	13		14		15		16	;		17

Any information copied from such Reports and Si or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)		
angle American Academy of Family Pl	hysicians Political Action Committe	ee
Full Name (Last, First, Middle Initial)  A. Heidi Miller Duncan MD		Date of Receipt
Mailing Address 2711 Gregory Dr N		04 07 2015
City	State Zip Code	Transaction ID : C2981244
Billings	MT 59102-0507	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Billings Clinic	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Carlos Alberto Ermocilla MD		Date of Receipt
Mailing Address 7083 April Wind Ave		04 23 2015
City	State Zip Code	Transaction ID : C2990444
Las Vegas	NV 89131-0134	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Self	Family Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  C. Sarah Jane Fessler MD		Date of Receipt
Mailing Address 44 Riverside Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2981372
Riverside	RI 02915-4717	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	370.00
Name of Employer	Occupation	
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	370.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1120.00
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: PAGE (check only one) X 11a 11b 11c

12 OF Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Wanda D Filer MD Date of Receipt Mailing Address 510 Aqua Ct 04 09 2015 City Zip Code State Transaction ID: C2982370 PΑ York 17403-3623 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Name of Employer Occupation Strategic Health Institute Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1050.00 Other (specify) Full Name (Last, First, Middle Initial) B. Matthew P Finneran MD Date of Receipt Mailing Address 251 Leatherman Rd 04 07 2015 City State Zip Code Transaction ID: C2981262 OH Wadsworth 44281-9236 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Self-Employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) c. Conrad L Flick MD Date of Receipt Mailing Address 2104 E Charlotte Ct 2015 04 07 City State Zip Code Transaction ID: C2981253 NC Raleigh 27607-3329 Amount of Each Receipt this Period FEC ID number of contributing 1250.00 С federal political committee. Name of Employer Occupation Physician Family Medical Associates of Raleigh Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) 1965.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	13		14		15		16	;	17

NAME OF COMMITTEE (In Full)	g the name and address of any political committee  ly Physicians Political Action Committee	
Full Name (Last, First, Middle Initial) Jonathan P Forman MD  Mailing Address 416 Saint Ives Dr  City	State Zip Code	Date of Receipt  04 07 2015
Severna Park	MD 21146-1027	Transaction ID : C2981259  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer  Maryland Primary Care Physicians  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  365.00	
Full Name (Last, First, Middle Initial)  Christopher H Gaynor MD  Mailing Address 6250 1st Ave NW		Date of Receipt
City Seattle  FEC ID number of contributing federal political committee.	State Zip Code WA 98107-2009	04 07 2015  Transaction ID : C2981375  Amount of Each Receipt this Period  365.00
Name of Employer Self  Receipt For:  Primary General Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  365.00	
Full Name (Last, First, Middle Initial) Carlos R Gonzales MD Mailing Address PO Box 40 City	State Zip Code	Date of Receipt    M
Patagonia  FEC ID number of contributing federal political committee.  Name of Employer  University of Arizona  Receipt For:	AZ 85624-0040  C  Occupation Family Physician  Aggregate Year-to-Date ▼	Amount of Each Receipt this Period  500.00
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (options	al)	1230.00
TOTAL This Period (last page this line nur	nher only)	

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Gregory G Grant MD Date of Receipt Mailing Address 2728 Old Town Trl 04 01 2015 City Zip Code State Transaction ID: C2970671 OK Shawnee 74804-5601 Amount of Each Receipt this Period FEC ID number of contributing C 365.00 federal political committee. Name of Employer Occupation St. Anthony Phy-Shawnee Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mary Nolan Hall MD Date of Receipt Mailing Address PO BOX 32861 2015 04 24 City State Zip Code Transaction ID: C2990741 NC Charlotte 28232-2861 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Carolina Healthcare System Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Boyde Jerome Harrison MD Date of Receipt Mailing Address 904 26th St 2015 04 07 City State Zip Code Transaction ID: C2980843 AL Haleyville 35565-1719 Amount of Each Receipt this Period FEC ID number of contributing 84.00 С federal political committee. Name of Employer Occupation Family Physician Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 336.00 Other (specify) 949.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 15 OF 44

Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12
	13   14   15   16   17
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Full Name (Last, First, Middle Initial)  Douglas Scott Hayes MD  Mailing Address 155 Richards St  City Newport  State VA  24128-4056  FEC ID number of contributing federal political committee.  Name of Employer Self Receipt For: Primary Other (specify) ▼  General Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Richard R Horecka MD  Mailing Address 1805 Wisconsin Ave  City  State  Zip Code	Date of Receipt  04 16 2015  Transaction ID : C2985636  Amount of Each Receipt this Period  365.00
City Newport  State VA  24128-4056  FEC ID number of contributing federal political committee.  Name of Employer Self Receipt For: Primary Other (specify) ▼  Full Name (Last, First, Middle Initial) Richard R Horecka MD  Mailing Address 1805 Wisconsin Ave	Transaction ID : C2985636  Amount of Each Receipt this Period  365.00
Newport  VA 24128-4056  FEC ID number of contributing federal political committee.  Name of Employer  Self  Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Richard R Horecka MD  Mailing Address 1805 Wisconsin Ave	Amount of Each Receipt this Period  365.00
FEC ID number of contributing federal political committee.  Name of Employer  Self  Receipt For:  Primary  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Richard R Horecka MD  Mailing Address 1805 Wisconsin Ave	365.00
Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Richard R Horecka MD  Mailing Address 1805 Wisconsin Ave	
Self Receipt For: Primary Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Richard R Horecka MD  Mailing Address 1805 Wisconsin Ave	5.00
Receipt For:  Primary  Other (specify)   Full Name (Last, First, Middle Initial)  Richard R Horecka MD  Mailing Address 1805 Wisconsin Ave	5.00
Primary General Other (specify) ▼  General Other (specify) ▼  Full Name (Last, First, Middle Initial) Richard R Horecka MD  Mailing Address 1805 Wisconsin Ave	5.00
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Richard R Horecka MD  Mailing Address 1805 Wisconsin Ave	5.00
. Richard R Horecka MD  Mailing Address 1805 Wisconsin Ave	I .
	Date of Receipt
City State Zip Code	04 24 _2015 _
·	04 24 2015 Transaction ID : C2990755
Benson MN 56215-1653	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	365.00
Name of Employer Occupation	
Information Requested Information Requested	
Receipt For:  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼  36	5.00
Full Name (Last, First, Middle Initial)  David Roy Howlett MD	Date of Receipt
Mailing Address 154 Eastview Dr	04 07 2015
City State Zip Code	Transaction ID : C2981247
Windsor CT 06095-1815	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	365.00
Name of Employer Occupation	
Self-Employed Physician	
Receipt For:  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼  36	55.00
SUBTOTAL of Receipts This Page (optional)	

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NAME OF COMMITTEE (In Full)  American Academy of Family	Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial)  Marilyn Jones MD  Mailing Address 1 W National Rd		Date of Receipt
Mailing Address 1 W National Rd		04 07 2015
City	State Zip Code	Transaction ID : C2981263
Vandalia	OH 45377-1932	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	370.00
Name of Employer	Occupation	7
Vandalie Family Practice	Physician	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 370.00	
Full Name (Last, First, Middle Initial)  3. Samuel M Jones MD		Date of Receipt
Mailing Address 10145 Community Ln		04 07 2015
City	State Zip Code	Transaction ID : C2981290
Fairfax Station	VA 22039-2530	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Self	Family Physician	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Byung Kang DO		Date of Receipt
Mailing Address 159 Hill Park Ave		04 23 / Y Y Y Y Y Y
City Great Neck	State Zip Code NY 11021-3828	Transaction ID : C2990443  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	1
Self	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional).		1170.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 17 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Vincent D Keenan CAE Date of Receipt Mailing Address 4756 Main St Exec Vice President - IL AFP 04 2015 28 City Zip Code State Transaction ID: C2991800 Lisle IL 60532-1724 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Name of Employer Occupation Illinois Academy of Family Physicians Association Exec. Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Don R Klitgaard MD Date of Receipt Mailing Address 1305 Onyx Dr 04 07 2015 City State Zip Code Transaction ID: C2980845 IΑ Harlan 51537-1543 Amount of Each Receipt this Period FEC ID number of contributing 85.00 federal political committee. Name of Employer Occupation Accountable Care Associates Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) Full Name (Last, First, Middle Initial) c. William Eric Kobler MD Date of Receipt Mailing Address 6729 Millbrook Dr 02 2015 04 City State Zip Code Transaction ID: C2972970 IL Rockford 61108-4310 Amount of Each Receipt this Period FEC ID number of contributing 370.00 С federal political committee. Name of Employer Occupation Family Physician Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) 855.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full)		
American Academy of Family	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial)  A. Stanley M Kozakowski MD		Date of Receipt
Mailing Address 13213 Reeder St		04 07 2015
City	State Zip Code	Transaction ID : C2981256
Overland Park	KS 66213-3657	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
American Academy of Family Physicians	Medical Education Administration	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  Deborah Ann Kullerd MD		Date of Receipt
Mailing Address 21855 Ingileif Ln		M = M / D = D / Y = Y = Y
# 154	State 7:- O-d-	04 13 2015
City	State Zip Code SD 57759-7641	Transaction ID : C2983517
Nemo	SD 57759-7641	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  2. James Edward Lacey MD		Date of Receipt
Mailing Address 101 Oak Leaf Dr		04 132015
City	State Zip Code	Transaction ID : C2983506
Chestertown	MD 21620-1180	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
CCHS	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	699.00	
SUBTOTAL of Receipts This Page (optional)		1365.00
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Robert B Laibstain MD Date of Receipt Mailing Address 6072 River Cres 04 2015 City State Zip Code Transaction ID: C2983537 VA 23505-4707 Norfolk Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Physician TPMG - Newport News Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Paul Alan Lazar MD Date of Receipt Mailing Address G3230 Beecher Rd 04 2015 Ste 1 24 City State Zip Code Transaction ID: C2990752 MI 48532-3604 Flint Amount of Each Receipt this Period FEC ID number of contributing 370.00 federal political committee. Name of Employer Occupation McLaren Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) Full Name (Last, First, Middle Initial) c. Michael L Madden MD Date of Receipt Mailing Address 4907 Windermere Blvd 2015 04

State Zip Code	Transaction ID : C2990707
LA 71303-2459	Amount of Each Receipt this
C	
Occupation	
Family Physician	
Aggregate Year-to-Date ▼ 900.00	
	Occupation Family Physician Aggregate Year-to-Date ▼

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Period

400.00

City

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NAME OF COMMITTEE (In Full)	the name and address of any political committee  Physicians Political Action Commi	
Full Name (Last, First, Middle Initial) Christopher M Mahr MD Mailing Address 3085 Firestone Ct  City Sumter  FEC ID number of contributing federal political committee.  Name of Employer Colonial Family Practice Receipt For: Primary General Other (specify)	State Zip Code SC 29150-7075  C  Occupation Family Physician  Aggregate Year-to-Date  216.00	Date of Receipt  O4 10 2015  Transaction ID : C2982633  Amount of Each Receipt this Period  40.50
Full Name (Last, First, Middle Initial)  John S Meigs MD  Mailing Address PO Box 289  100 Serendipity Dr  City  Brent  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary  General  Other (specify)	State Zip Code AL 35034-0289  C  Occupation Family Physician  Aggregate Year-to-Date ▼  375.00	Date of Receipt  04 07 2015  Transaction ID : C2981235  Amount of Each Receipt this Period  25.00
Full Name (Last, First, Middle Initial)  John S Meigs MD  Mailing Address PO Box 289  100 Serendipity Dr  City Brent  FEC ID number of contributing federal political committee.  Name of Employer  Self Employed  Receipt For:  Primary General  Other (specify)	State Zip Code AL 35034-0289  C  Occupation Family Physician  Aggregate Year-to-Date ▼  375.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	90.50

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OF Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) John S Meigs MD Date of Receipt Mailing Address PO Box 289 100 Serendipity Dr 04 2015 24 City Zip Code State Transaction ID: C2990701 **Brent** AL 35034-0289 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Self Employed Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) B. Gary R Mennie MD Date of Receipt Mailing Address 2770 Aero Dr Ste 1 04 20 2015 City State Zip Code Transaction ID: C2997108 TX Port Arthur 77640-1519 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Self-Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) c. Andrew J Merritt MD Date of Receipt Mailing Address 28 1/2 E Main St 2015 04 07 City Zip Code State Transaction ID: C2981284 NY Marcellus 13108-1226 Amount of Each Receipt this Period FEC ID number of contributing 370.00 С federal political committee. Name of Employer Occupation Family Physician Self Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) 760.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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	the name and address of any political committee	
,	Physicians Political Action Commi	ittee
Full Name (Last, First, Middle Initial) Kevin P Mikus Mikus  Mailing Address 332 Sam Newell Rd Ste 20 CMC-Matthews Medical Pl City Matthews  FEC ID number of contributing federal political committee.  Name of Employer Carolinas HealthCare System  Receipt For: Primary General Other (specify)		Date of Receipt  M M / 24 2015  Transaction ID: C2990700  Amount of Each Receipt this Period  1250.00
Full Name (Last, First, Middle Initial)  Anne M Montgomery MD  Mailing Address 44818 Oro Grande Cir  City Indian Wells  FEC ID number of contributing federal political committee.  Name of Employer Eisenhower Medical Associates  Receipt For:  Primary General Other (specify)	State Zip Code CA 92210-7411  C  Occupation Family Physician  Aggregate Year-to-Date ▼  750.00	Date of Receipt  04 28 2015  Transaction ID : C2991770  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Dale C Moquist MD  Mailing Address 4318 Lake Walk Ct  City  Missouri City  FEC ID number of contributing federal political committee.  Name of Employer  Retired  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 77459-3268  C  Occupation Family Physician  Aggregate Year-to-Date ▼  366.64	Date of Receipt  04 09 2015  Transaction ID: C3001404  Amount of Each Receipt this Period  91.66
SUBTOTAL of Receipts This Page (optional)	·	1591.66
TOTAL This Period (last page this line numb	per only)	

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full)

American Academy of Family	Physicians Political Action Commit	tee			
Full Name (Last, First, Middle Initial)  Carl Raymond Olden MD	Carl Raymond Olden MD				
Mailing Address 311 S 72nd Ave		04 07 2015			
City Yakima	State Zip Code WA 98908-1661	Transaction ID : C2980844			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  100.00			
Name of Employer  Yakima Valley Memorial Hospital  Receipt For:  □ Primary □ General  □ Other (specify) ▼	Occupation Family Physician  Aggregate Year-to-Date ▼  300.00				
Full Name (Last, First, Middle Initial)  3. Javette C Orgain MD  Mailing Address PO Box 806527		Date of Receipt			
City Chicago	State Zip Code IL 60680-4126	Transaction ID : C2991771  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		110.00			
Name of Employer Vitas Innovative Hospice	Occupation Family Physician				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  330.00				
Full Name (Last, First, Middle Initial)  Paul Henry Pappas MD	•	Date of Receipt			
Mailing Address 941 Clear Creek Dr		04 07 2015			
City Texarkana	State Zip Code TX 75503-1143	Transaction ID : C2981268  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	750.00			
Name of Employer  Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  750.00				
SUBTOTAL of Receipts This Page (optional)		960.00			
TOTAL This Period (last page this line numb	per only)				

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NAME OF COMMITTEE (In Full)		
American Academy of Family	Physicians Political Action Commit	ttee 
Full Name (Last, First, Middle Initial)  A. PuiFun Lila Pappas MD		Date of Receipt
Mailing Address 941 Clear Creek Dr		04 07 2015
City	State Zip Code	Transaction ID : C2981269
Texarkana	TX 75503-1143	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer	Occupation	1
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General	00 0	
Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial)  Brian Robert Penti MD		Date of Receipt
Mailing Address 309 Allston St		04 07 _ 2015 _
City	State Zip Code	Transaction ID : C2981362
Brighton	MA 02135-7692	Amount of Each Receipt this Period
FEC ID number of contributing		T
federal political committee.	C	350.00
Name of Employer	Occupation	1
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial)  C. Karla Graue Pratt		Date of Receipt
Mailing Address 1239 120th Ave NE		04 02 2015
City	State Zip Code	04 02 2015 Transaction ID : C2972262
Bellevue	WA 98005-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	-
Self Employed	Family Physician	4
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	205.00	
Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (ontional)		1465.00
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NAME OF COMMITTEE (In Full)  American Academy of Family F	Physicians Political Action Commi	ttee		
Full Name (Last, First, Middle Initial) Alberto Ramos Mendez MD  Mailing Address PO BOX 1076	Date of Receipt			
City	State Zip Code	04 24 2015 Transaction ID : C2990705		
Aguada	PR 00602-1076	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer Information Requested	Occupation Information Requested			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00			
Full Name (Last, First, Middle Initial) . Robert F Raspa MD		Date of Receipt		
Mailing Address 2233 Salt Myrtle Ln		04 13 2015		
City	State Zip Code	Transaction ID: C2983515		
Fleming Island  FEC ID number of contributing federal political committee.	FL 32003-7077	Amount of Each Receipt this Period  365.00		
Name of Employer Self Employed	Occupation Physician	_		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00			
Full Name (Last, First, Middle Initial) . Raymond Randolph Reese MD		Date of Receipt		
Mailing Address 1108 Terrell St		04 24 2015		
City Cuero	State Zip Code TX 77954-3458	Transaction ID : C2990750  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	365.00		
Name of Employer	Occupation			
Self Employed	Physician	4		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  365.00			
SUBTOTAL of Receipts This Page (optional)		980.00		
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## SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and Statements more for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full)  American Academy of Family Physicians  Full Name (Last, First, Middle Initial)  A. Eddie Richardson MD  Mailing Address 153 McGehees Trl  City State Eatonton GA  FEC ID number of contributing federal political committee	address of any political committee	to solicit contributions from such committee.
Name of Employer  Self Employed  Page int For:		
Full Name (Last, First, Middle Initial)  B. Elisabeth L Righter MD  Mailing Address 267 Park Dr  City State Dayton OH  FEC ID number of contributing federal political committee.  Name of Employer Self Employed Family Phy  Receipt For:  Primary General Other (specify) ▼  Family Phy  Aggregate		Date of Receipt  04 09 2015  Transaction ID: C2982371  Amount of Each Receipt this Period  100.00
Full Name (Last, First, Middle Initial)  C. Ralph Nichols Riley MD  Mailing Address PO Box 248		Date of Receipt

Traipit Michola Miley Mib	Date of neceipt			
Mailing Address PO Box 248 109 Alamo Circle		04 07 2015		
City Saluda	State         Zip Code           SC         29138-0248	Transaction ID : C2981236  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1250		
Name of Employer	Occupation			
Riley Family Practice Associates, PA	Family Physician			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General  Other (specify) ▼	1250.00			

SUBTOTAL of Receipts This Page (optional)		7	_	_	7		171	5.00	)	
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Any information copied from such Reports and or for commercial purposes, other than using to	Statements may not be sold or used by any pers he name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial)  Shirley Uhl Salvatore MD  Mailing Address 10 Hastings Dr		Date of Receipt
		04 07 2015
City	State Zip Code	Transaction ID : C2980842
Pueblo	CO 81001-1400	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer	Occupation	-
InnovAge	Family Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial)  Sarah L Sams MD	Date of Receipt	
Mailing Address 2994 Frazell Rd		M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City	State Zip Code	Transaction ID : C2983360
Hilliard	OH 43026-9785	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	120.00	
Name of Employer	Occupation	1
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	360.00	
Full Name (Last, First, Middle Initial)  C. Erika Schillinger MD		Date of Receipt
Mailing Address PO Box 620685		04 18 2015
City	State Zip Code	Transaction ID : C2987438
Woodside	CA 94062-0685	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	-
Stanford University	Family Doctor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional)		1235.00
TOTAL This Period (last page this line number		

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	nd Statements may not be sold or used by any per- in the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
American Academy of Family	Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial)  A. Alan I Schwartzstein MD		Date of Receipt
Mailing Address 753 N Main St		04 11 2015
City	State Zip Code	Transaction ID : C2983365
Oregon	WI 53575-1003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Dean Clinic	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	riggregate real to Date V	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Niranjan M Selvarajah MD		Date of Receipt
Mailing Address 36 Ironwood Road	04 13 2015	
City	State Zip Code	Transaction ID : C2983534
New Hartford	NY 13421-1851	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	550.00
Name of Employer	Occupation	1
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	550.00	
Full Name (Last, First, Middle Initial)  C. Nawang K Sherpa MD		Date of Receipt
Mailing Address 10014 Ne 141St St		04 04 2015 _
City	State Zip Code	Transaction ID : C2978993
Bothell	WA 98011-5261	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.83
Name of Employer	Occupation	-
Self Employed	Family Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	242.22	
Other (specify) ▼	243.32	
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	1110.83
TOTAL This Period (last page this line num	ber only)	

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NAME OF COMMITTEE (In Full)	Physicians Political Action Commi	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Michael A Silverstein MD  Mailing Address 1708 Warner Ave  City  Mc Lean  FEC ID number of contributing federal political committee.  Name of Employer  Herdon Family Medicine  Receipt For:  Primary  General  Other (specify)	State Zip Code VA 22101-5041  C  Occupation Physician  Aggregate Year-to-Date ▼  300.00	Date of Receipt  04 07 2015  Transaction ID : C2981239  Amount of Each Receipt this Period  300.00
Full Name (Last, First, Middle Initial)  Joseph Douglas Smith MD  Mailing Address 5722 Gardner Ln  City Bridgewater  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify)	State Zip Code VA 22812-3614  C  Occupation Physician  Aggregate Year-to-Date ▼  370.00	Date of Receipt  04 13 2015  Transaction ID : C2983536  Amount of Each Receipt this Period  370.00
Full Name (Last, First, Middle Initial)  Don A Solberg MD  Mailing Address 106 W 9th Ave  City Ellensburg  FEC ID number of contributing federal political committee.  Name of Employer  KHV Healthcare  Receipt For:  Primary General Other (specify)	State Zip Code WA 98926-2908  C  Occupation Physician  Aggregate Year-to-Date ▼  625.00	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1295.00

FOR LINE NUMBER: PAGE 30 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Windel A Stracener MD Date of Receipt Mailing Address 1333 Hunters Pointe Dr 04 2015 City Zip Code State Transaction ID: C2983361 Richmond IN 47374-7184 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Name of Employer Occupation Self Employed Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Glen R Stream MD Date of Receipt Mailing Address 44818 Oro Grande Cir 04 21 2015 City State Zip Code Transaction ID: C2989291 Indian Wells CA 92210-7411 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Eisenhower Medical Associates physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Maureen P Strohm MD Date of Receipt Mailing Address 3835 Fairmeade Rd 2015 04 24 City State Zip Code Transaction ID: C2990737 CA Pasadena 91107-2229 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Eisenhower Medical Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1450.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full)		
, ,	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial)  A. Erica Williams Swegler MD		Date of Receipt
Mailing Address 1101 W 40th St		M = M / D = D / Y = Y = Y
City	State Zip Code	04 07 2015
Austin	TX 78756-3609	Transaction ID : C2981370  Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Lacif necelpt this Period
federal political committee.	C	1000.00
Name of Employer	Occupation	1
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	1000.00	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  Fredelito B Tiu MD	Date of Receipt	
Mailing Address 1702 W Anklam Rd		M = M / D = D / Y = Y = Y
Ste 110	State Zip Code	04 24 2015
Tucson	AZ 85745-2606	Transaction ID : C2990708
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Rio Nuevo Family Practice, PC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  C. Gabrielle A Vencel Olson MD		Date of Receipt
Mailing Address 101 Willmar Ave Sw		04 15 _ 2015 _
City	State Zip Code	Transaction ID : C2987191
Willmar	MN 56201-3556	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	1
Affiliated Community Medical Centers	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	1730.00
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NAME OF COMMITTEE (In Full)		
American Academy of Family	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial)  A. Bruce Alan Wallstedt MD		Date of Receipt
Mailing Address 6323 Canterbury Close		04 10 2015
City	State Zip Code	Transaction ID : C2982631
Brentwood	TN 37027-4870	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	36.50
Name of Employer	Occupation	1
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General	00 0	
Other (specify) ▼	73.00	
Full Name (Last, First, Middle Initial)  Kevin S Wang MD		Date of Receipt
Mailing Address 1823 Terry Ave		M = M / D = D / Y = Y = Y
Apt 1609	000	04 24 2015
City	State Zip Code	Transaction ID : C2990675
Seattle	WA 98101-2406	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	
Swedish Medical Center	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial)  C. Robert J Weber MD		Date of Receipt
Mailing Address 1375 Meadowridge Rd		M = M / D = D / Y = Y = Y
City	State Zip Code	04 02 2015
Watsonville	CA 95076-0356	Transaction ID : C2972972  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	370.00
Name of Employer	Occupation	-
Self Employed	Family Physician	]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	370.00	
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	and Statements may not be sold or used by any pering the name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
/ American Academy of Fami	ly Physicians Political Action Commi	ttee
Full Name (Last, First, Middle Initial)  Jane A Weida MD		Date of Receipt
Mailing Address 1011 Handsome PI		04 24 _ 2015 _
City	State Zip Code	Transaction ID : C2990724
Lititz	PA 17543-9708	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	625.00
Name of Employer	Occupation	1
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	625.00	
Full Name (Last, First, Middle Initial)  Randell K Wexler MD		Date of Receipt
Mailing Address 6040 Haybury Dr		04 30 _2015 _
City	State Zip Code	Transaction ID : C2993689
New Albany	OH 43054-8691	Amount of Each Receipt this Period
FEC ID number of contributing		T
federal political committee.	C	750.00
Name of Employer	Occupation	
Ohio State University	Family Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	1500.00	
Full Name (Last, First, Middle Initial)  C. Richard Andre Wherry MD		Date of Receipt
Mailing Address 59 Tipton Dr		04 08 2015
City	State Zip Code	04 08 2015 Transaction ID : C2981419
Dahlonega	GA 30533-1603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Southern Health	Family Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
CURTOTAL of Dessirts This Day ( 1)	20	1625.00
	al)	1023.00
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NAME OF COMMITTEE (In Full)		
American Academy of Family	Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial)  Vincent J WinklerPrins MD		Date of Receipt
Mailing Address Georgetown University Sci 3900 Reservoir Road NW	hool of Me	04 24 2015
City	State Zip Code	Transaction ID : C2990718
Washington	DC 20007-2126	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	†
Medstar Health	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	, igg. egate Teat to Date ₹	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  Kevin Michael Wong MD		Date of Receipt
Mailing Address 196 Connor Dr		04 30 _2015 _
City	State Zip Code	Transaction ID : C2993646
Jeannette	PA 15644-1162	Amount of Each Receipt this Period
FEC ID number of contributing		1
federal political committee.		500.00
Name of Employer	Occupation	7
UPMC	Physician	j
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  C. Richard L Zachrich MD		Date of Receipt
Mailing Address 821 E Chapel St Ste 203		04 022015
City	State Zip Code	Transaction ID : C2972969
Santa Maria	CA 93454-4619	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	1
Self Employed	Family Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional)	) <b>&gt;</b>	1230.00
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TOTAL This Period (last page this line numb	per only)	35919.15

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 OF 44 (check only one)  11a
	ny information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) American Academy of Family Pl	nysicians	Political Action Comm	iittee
Α.	Full Name (Last, First, Middle Initial) American Academy of Family Physicia	ıns		Date of Receipt
	Mailing Address 11400 Tomahawk Creek Pkwy	,		04 06 2015
	City Leawood	State KS	Zip Code 66211-2672	Transaction ID : C2980869  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		942.07
	Name of Employer	Occupation		
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В.	Full Name (Last, First, Middle Initial)			Date of Receipt
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	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼	
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	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation		
	Receipt For:  Primary General  Other (specify)	Aggregate	Year-to-Date ▼	
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S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 36 OF			OF	44							
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	NAME OF COMMITTEE (In Full)														
	American Academy of Family Phys	icians P	Political Acti	on (	Con	nmitt	tee	<del>)</del>							
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	President State: District:	Other (spec	cify) 🔻												
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	,	State	Zip Code			Trans	saction II	) : D16581	3	
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	Bank card processing fee					Amoun	t of Each	Disburser	nent this	Period
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	President State: District:	Other (spec	cify) 🔻							
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	Phoenix	State AZ	Zip Code 85072-3852			Trans	action ID	: D165817		
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Any information copied from such Reports and Stater or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)					
American Academy of Family Phys	sicians Political Action	on Commit	tee		
Full Name (Last, First, Middle Initial)					
A. American Express			Date of Dis	sbursement	
Mailing Address PO Box 53852			04	30 2015	
City	State Zip Code		Transacti	ion ID : D165819	
Phoenix	AZ 85072-3852		- ITAIISACII	01110 : 0103019	
Purpose of Disbursement Bank card processing fee			Amount of	Each Disbursement this Period	
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Office Sought: House Disburser	nent For:				
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)  B. Bank Of America Merchant Service	es		Date of Dis	sbursement	
Mailing Address MAS 505 04 40			M = M /	02 / Y Y Y Y Y	
Mailing Address WA2-505-01-40 PO Box 2485	7		04	02 2015	
Spokane	State         Zip Code           WA         99210-2485		Transacti	ion ID : D165807	
Purpose of Disbursement Bank card processing fee			Amount of	Each Disbursement this Period	
Candidate Name		Category/ Type		575.08	
Office Sought: House Disburser	nent For:		1		
Senate	Primary General				
President State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
C.			Date of Dis	sbursement	
Mailing Address			- IVI - IVI /		
City	State Zip Code				
Purpose of Disbursement			-		
Candidate Name		Category/ Type	Amount of	Each Disbursement this Period	
Office Sought: House Disburser	nent For:				
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
SUBTOTAL of Disbursements This Page (optional)				583.03	
				700.70	
TOTAL This Period (last page this line number only)				736.73	

S	CHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER:		PAGE	41	OF	44
IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only	,	_				
			Summary Page	21b	22		24	25		26
				27	28a	28b	28c	29		30b
	ny information copied from such Reports and Statem for commercial purposes, other than using the nam									;
\ <u>\</u>		ie and addit	ess of any politica	ai committee to	SOIICIT COTITI	Dutions noi	II SUCII	COMMIN	nee.	
	NAME OF COMMITTEE (In Full)	iciona D	alitical Aatia	n Committe						
	American Academy of Family Phys	icians P	Ollical Actio	n Committe	ee					
	Full Name (Last, First, Middle Initial)									
Α.	BUILDING RELATIONSHIPS IN DIVERSE GEOGRA	APHIC ENV	IRONMENTS PAC	(BRIDGE	Date of D	isbursemer	nt			
	PAC)				M = M	/ D D	/ Y	Y Y	Y	
	Mailing Address 499 SOUTH CAPITOL ST SW SUIT	TE 422			04	24		2015		
	City	State	Zip Code							
	•	DC	20003		Transac	tion ID : D1	165628			
	Purpose of Disbursement									
	Campaign contribution				Amount of	f Each Dist	ourseme	nt this	Perio	od
	Candidate Name			Category/				500	0.00	
				Type		7	7	500	00.00	
	Office Sought: House Disbursem									
		Primary	General							
	State: District:	Other (spec	(iliy) <b>\</b>							
	Full Name (Last, First, Middle Initial)									
В.	Healthcare Freedom Fund				Date of D	isbursemer	nt			
	Treatmoure Freedom Fana				M M	/ D D	/ Y	Y Y	■ Y	
	Mailing Address PO Box 2485				04	24		2015		
	,	State VA	Zip Code		Transac	tion ID : D	165622			
	Springfield Purpose of Disbursement	VA	22152-0485							
	Campaign contribution				Amount of	f Each Dist	ourseme	nt this	Perio	od
	Candidate Name			Category/			-		-	
	Phil Roe			Type		,	- 7	500	00.00	
	Office Sought:	nent For:								
		Primary	General							
		Other (spec	eify) ▼							
	State: TN District: 01									
	Full Name (Last, First, Middle Initial)  LONE STAR LEADERSHIP PAC				Date of D	isbursemer	nt			
٠.	LONE STAR LEADERSHIP PAC				M M M	/ D D		Y	V	
	Mailing Address 7315 Wisconsin Avenue				04	24		2015	_ '	
	Suite 310 East									
	,	State	Zip Code		Transac	tion ID : D	165659			
	Bethesda Purpose of Disbursement	MD	20814							
	Campaign contribution				A	f Each Dist			Davia	الم
	Candidate Name			Catanani	Amount of	Each Dist	ourseme	nt this	Perio	oa
				Category/ Type				250	0.00	
	Office Sought: House Disbursen	nent For:				7	7			
	Senate	Primary	General							
		Other (spec	cify) 🔻							
	State: District:									
_								1250	0 00	
S	SUBTOTAL of Disbursements This Page (optional)			·····•			7	1250	0.00	╛
	SUBTOTAL of Disbursements This Page (optional)  OTAL This Period (last page this line number only).					,	7	1250	0.00	$\frac{1}{2}$

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 42 OF		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(s) (check only one)		
	Detailed Summary Page	21b		
[	1	27		
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
American Academy of Family Phy	sicians Political Action	on Committ	ee	
Full Name (Last, First, Middle Initial)				
A. CHARLIE DENT FOR CONGRES	S		Date of Disbursement	
Mailing Address PO BOX 442			04 24	2015
City	State Zip Code		Transaction ID - D4C	5004
ALLENTOWN	PA 18105		Transaction ID : D16	3024
Purpose of Disbursement Campaign contribution			Amount of Each Disbu	rsement this Period
Candidate Name		Category/		1000.00
Rep. Charlie Dent  Office Sought:  House Disburse		Туре		1000.00
Office Sought: House Disburse Senate President	ment For: 2016 Primary General Other (specify) ▼			
State: PA District: 15				
Full Name (Last, First, Middle Initial)			5	
B. BILIRAKIS FOR CONGRESS			Date of Disbursement	
Mailing Address PO BOX 606			04 24	2015
City TARPON SPRINGS	State Zip Code FL 34688		Transaction ID : D16	5660
Purpose of Disbursement Campaign contribution		· · · ·	Amount of Each Disbu	rsement this Period
Candidate Name		Category/		1000.00
Rep. Gus Bilirakis		Type		1000.00
	ment For: 2016 Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. VOLUNTEERS FOR SHIMKUS			Date of Disbursement	
Mailing Address P.O. BOX 661			04 / 24	2015
City	State Zip Code		Transaction ID : D16	5657
COLLINSVILLE	IL 62234		11a113a611011 ID . D10	J0J1
Purpose of Disbursement Campaign contribution				
Candidate Name			Amount of Each Disbu	rsement this Period
Rep. John Shimkus		Category/ Type	1	1000.00
•	ment For: 2016 Primary General Other (specify)	.,,,,		
State: IL District: 19	<u> </u>			
SUBTOTAL of Disbursements This Page (optional).		·····		3000.00
TOTAL This Period (last page this line number only	·)			

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 43 OF		
ITEMIZED DISBURSEMENTS	Use separate schedule(s	dule(s) (check only one)		
II LIVIIZED DISDUNSEIVIS	for each category of the	the age 21b 22 X 23 24 25		
	Detailed Summary Page	27	28a 28b 28c 29 30b	
Any information copied from such Reports and State				
or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)		_		
$ \; angle$ American Academy of Family Phy	sicians Political Acti	ion Committ	ee	
Full Name (Last, First, Middle Initial)		1		
A. MARSHA BLACKBURN FOR CO	NCRESS INC		Date of Disbursement	
WIAINGLA BLACKBURIN FUR CU	NOINEGO IING.		M M / D D / Y Y Y Y	
Mailing Address PO Box 3750			04 24 2015	
City	State Zip Code		Transaction ID : D165623	
Brentwood Purpose of Disbursement	TN 37024			
Campaign contribution			Amount of Each Disbursement this Period	
Candidate Name		Catagory		
Rep. Marsha Blackburn		Category/ Type	1000.00	
•	ment For: 2016			
Senate	Primary General			
President	Other (specify) ▼			
State: TN District: 07				
Full Name (Last, First, Middle Initial)  B. ROBIN KELLY FOR CONGRESS			Date of Disbursement	
B. ROBIN KELLY FOR CONGRESS				
Mailing Address PO BOX 6953			04 24 _ 2015 _	
City	State Zip Code		Transaction ID : D165656	
CHICAGO Purpose of Disbursement	IL 60680			
Campaign contribution			Amount of Each Disbursement this Period	
Candidate Name		Cotogogy	s. S. East Sissarsonion the Follow	
Rep. Robin Kelly		Category/ Type	2500.00	
•	ment For: 2016			
Senate	Primary General			
President	Other (specify) ▼			
State: IL District: 02				
Full Name (Last, First, Middle Initial)			Date of Disbursement	
C. LEVIN FOR CONGRESS				
Mailing Address PO Box 37			04 24 2015	
City	State Zip Code		Transaction ID : D165626	
Roseville Purpose of Disbursement	MI 48066			
Campaign contribution			Amount of Fools Distriction 1911 D. 1	
Candidate Name		Cotorout	Amount of Each Disbursement this Period	
Rep. Sander M. Levin		Category/ Type	2500.00	
•	ment For: 2016			
Office Sought: House Disburse	111CHL 1 OI. 2016			
Office Sought: House Disburse Senate	Primary General			
Senate President				
Senate	Primary General			
Senate President State: MI District: 12	Primary General Other (specify) ▼		6000 00	
Senate President	Primary General Other (specify) ▼	······	6000.00	

SCHEDULE B (FEC Form 3X)		FOR LINE N	JUMBER: PAGE 44 OF 44
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 🗙 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
American Academy of Family Phys	icians Political Action	n Committe	96
Full Name (Last, First, Middle Initial)			
A. HATCH ELECTION COMMITTEE INC			Date of Disbursement
Mailing Address 175 SOUTH WEST TEMPLE SUITI	650		04 24 2015
,	tate Zip Code		Transaction ID : D165625
SALT LAKE CITY	UT 84101		Transaction ib . D103023
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Sen. Orrin G. Hatch		Туре	1000.00
X Senate	ent For: 2018  Primary General  Other (specify)		
State: UT District: 00			
Full Name (Last, First, Middle Initial)			
B. FRIENDS OF ROY BLUNT		Date of Disbursement	
Mailing Address P.O. BOX 50100			04 24 2015
SPRINGFIELD	tate Zip Code MO 65805		Transaction ID : D165627
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Sen. Roy Blunt		Туре	2500.00
	ent For: 2016		
	Primary General  Other (specify) ▼		
State: MO District: 00	other (specify)		
Full Name (Last, First, Middle Initial)			
C. TENN POLITICAL ACTION COMM	ITTEE INC (TENN F	PAC)	Date of Disbursement
Mailing Address 228 SOUTH WASHINGTON			04 24 2015
SUITE 115			21 2010
•	tate Zip Code		Transaction ID : D165658
ALEXANDRIA Purpose of Disbursement	VA 22314		
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Catagony	Amount of Each Disbursement this Period
		Category/ Type	1000.00
Office Sought: House Disbursen	ent For:		
	Primary General		
State: District:	Other (specify) ▼		
otate. District.			
SUBTOTAL of Disbursements This Page (optional)			4500.00
			26000.00